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UNCLAS SECTION 01 OF 04 HARARE 000744

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SUBJECT: USAID/OFDA FIELD TRIP REPORT: MITIGATING CHOLERA IN
BULAWAYO THROUGH COMMUNITY WASH PROGRAMS

REF: HARARE 486

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SUMMARY

¶1. SUMMARY: In mid-August, staff from USAID's Office of U.S. Foreign Disaster Assistance (OFDA) met with implementing partners, beneficiaries, city officials, and United Nations (UN) personnel in Bulawayo, Zimbabwe's second-largest city, to assess current water, sanitation, and hygiene (WASH) conditions and evaluate USAID/OFDA contributions to Bulawayo's relatively low cholera rates during the nationwide 2008/2009 outbreak. City officials noted that without the assistance of USAID/OFDA and other donors, Bulawayo would likely have suffered much higher cholera rates during the 2008/2009 outbreak. USAID/OFDA staff visited a number of ongoing, well-implemented, USAID/OFDA-funded projects to provide water storage and continue support for community mobilization and hygiene awareness efforts. Although the underlying factors that could contribute to another cholera outbreak in Bulawayo remain unchanged, city officials, implementing partners, and UN staff predict lower cholera rates in the event of a 2009/2010 outbreak due to better preparation by the city and implementing partners and heightened cholera and hygiene awareness in communities. USAID/OFDA continues to support WASH activities in Bulawayo and throughout Zimbabwe designed to mitigate the risk of cholera and other waterborne diseases. END SUMMARY.

CONTEXT AND USAID/OFDA WASH STRATEGY

¶2. From August 2008 to July 2009, Africa's largest cholera outbreak in 15 years struck Zimbabwe, resulting in nearly 4,300 deaths and nearly 98,600 cases nationwide. Poorly maintained water and sanitation infrastructure contributed to the scope of the outbreak, and Zimbabwe's fragile health system was unable to treat patients adequately. In response, USAID/OFDA committed more than USD 7.3

million in emergency assistance to support the provision of emergency relief supplies, WASH and health interventions, hygiene promotion and social mobilization activities, and humanitarian coordination and information management to improve epidemiological reporting and analysis.

13. USAID/OFDA has supported WASH activities throughout Zimbabwe since fiscal year (FY) 2007, as the increasingly irregular provision of water and sanitation services heightened the potential for the spread of waterborne diseases such as cholera. The case of Bulawayo demonstrates the merits of community-based WASH interventions, the focus of USAID/OFDA's WASH strategy for Zimbabwe. For the past several years, Bulawayo has suffered inconsistent water supply and has a sewage system that functions poorly, like those in most Zimbabwean cities. In 2007, the city suffered a diarrheal disease outbreak as a result of a severe water shortage that prompted relief agencies, including USAID/OFDA, to increase WASH intervention activities. Since 2007, USAID/OFDA-supported programs in Bulawayo have included: hygiene promotion activities to raise awareness; social mobilization to increase community reporting of cholera cases and sewage system breaks; distribution of soap and other hygiene supplies; provision of water storage tanks and water containers to schools and houses; and provision of water purification materials for community and household use.

14. During the 2008/09 cholera outbreak, the metropolitan Bulawayo area recorded 445 cases and only 18 deaths, rates significantly lower than other urban centers. By comparison, Harare, the capital, and Harare's high-density suburbs and dormitory towns recorded nearly 19,600 cases and more than 650 deaths. Several factors played a part in keeping Bulawayo's rates comparatively low; among them were ongoing USAID/OFDA support for WASH activities in the city.

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COOPERATION BETWEEN THE CITY AND RELIEF AGENCIES

15. During meetings with USAID/OFDA staff, city officials noted that without the assistance of USAID/OFDA, other donors, and relief agencies, Bulawayo would likely have suffered much higher cholera rates during the 2008/2009 outbreak. On August 13, 2009, Bulawayo Mayor Thaba Moyo stated that "our partners came to our rescue. We managed to keep the figures down -- a big achievement as compared to other regions." According to the city's Director of Health Services, Dr. Zanele Hwalina, "a combined effort" helped protect Bulawayo. City councilor James Sithole, representing Makokoba, a high-density suburb, noted that "government cannot win the war against cholera on its own; the war was won because of relief agency involvement."

16. In general, USAID/OFDA staff noted exceptional cooperation between USAID/OFDA-funded non-governmental organizations (NGOs) and the Bulawayo city government -- a notable difference from the anti-NGO rhetoric and harassment typical of the national government in 2008. Mayor Moyo stated to USAID/OFDA staff that "the residents of Bulawayo appreciate your assistance" and noted that the city government had made office space available to USAID/OFDA partners. In addition, the Mayor noted that USAID/OFDA partners provided tools and protective clothing to assist the city in collecting refuse, thus improving sanitation. Dr. Hwalina expressed the hope for further cooperation between the city and NGOs, not only in the WASH sector, but also in the health sector, in which health NGOs organized and seconded staff to cholera treatment centers and assisted with epidemiological analysis and reporting. Staff from Lead Trust, the local partner of USAID/OFDA partner Oxfam-Great Britain (Oxfam-GB), provided an illustrative example of the city government's commitment to working with NGOs to improve WASH conditions: in schools with USAID/OFDA-funded water tanks, the city provides the water free of charge, not wanting to limit the schools' ability to store water for students' and faculty members' use.

SOCIAL MOBILIZATION TO RAISE HYGIENE AWARENESS

¶17. According to Dr. Hwalina, "the reason we managed to control cholera was the very high level of awareness." Shadreck Khuphe, the UN Children's Fund (UNICEF) WASH coordinator in Bulawayo, noted that social mobilization programs and hygiene awareness programs funded by USAID/OFDA and other relief agencies in 2007 and 2008 meant that residents' associations "already had the best network for distribution of hygiene promotion materials" once cholera struck. Before and during the cholera outbreak, Oxfam-GB and Lead Trust reached approximately 127,000 people through social mobilization trainings, distribution of hygiene promotion materials, and Qtrainings, distribution of hygiene promotion materials, and distribution of hygiene supplies and other emergency relief commodities.

¶18. In Mzilikazi, one of the oldest high-density suburbs of Bulawayo, USAID/OFDA staff met with community sanitation committee members organized by USAID/OFDA partners. The committee discussed the importance of mobilizing neighborhoods. Committee member Cynthia Shirto noted that "we visit schools, asking about problems of burst pipes, which we report to the local councilor, and we conduct hygiene awareness presentations for students, who in turn teach parents." Ms. Shirto also noted that once the cholera outbreak began, "we learned that we must not just sit around, but be active for the benefit of the whole community." In addition, community sanitation committees and residents' associations help distribute soap and other hygiene supplies, including cotton wool, supplied by USAID/OFDA and implementing partners. According to Ms. Shirto and others, committee members volunteer up to two hours per day in service of the community.

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ONGOING ACTIVITIES TO PROVIDE BACKUP WATER STORAGE

¶19. The inconsistent water supply in Bulawayo, due both to general water shortages in the drought-prone region and to leaks and burst pipes, necessitates community water storage. USAID/OFDA has provided ongoing funding for provision of large water tanks to schools, community centers, and the homes of particularly vulnerable inhabitants. On days when water flows in the municipal system, schools and households fill the tanks, providing backup water storage for days when the city taps run dry.

¶10. USAID/OFDA staff visited several schools benefiting from USAID/OFDA-funded water tanks, including Lozikevi Primary School in Bulawayo's high-density suburb of Nguboyenja. According to headmistress Letty Mpofu, the availability of backup water means that children need not bring water to school. Mrs. Mpofu also noted that the school no longer occasionally cancels the school day for lack of water. Equally important, having a constant supply of clean water for hand-washing and drinking lowers the risk of cholera transmission. USAID/OFDA-funded distribution of hygienic household water containers, such as 20-liter jerry cans, facilitates the storage of clean water.

OTHER FACTORS CONTRIBUTING
TO LOW CHOLERA RATES IN BULAWAYO

¶11. During meetings with UNICEF WASH staff, Lead Trust, and city officials, USAID/OFDA staff learned of other factors that contributed to Bulawayo's comparatively low caseload during the cholera outbreak. According to UNICEF, Bulawayo's longstanding water shortages, dating back decades, led to strong community awareness of the need to conserve water. Furthermore, during the 2008/2009 cholera outbreak, neighborhoods never ran dry for more than 24 hours due to conscientious efforts by the city government to keep treated water flowing through the system. According to Dr.

Hwalina, "the availability of good, quality water, in good quantities, was contributory" to low cholera rates. In addition, the topography of the Bulawayo metropolitan area resulted in limited contamination of the water system by sewage, since sewage emanating from depleted sanitation infrastructure tends to flow to the north, in the direction of the watershed, whereas the dams that supply Bulawayo's water are located to the south of the city. Finally, both the Mayor and UNICEF WASH staff noted that Bulawayo successfully resisted attempts by the Zimbabwe National Water Authority, controlled by the national government, to assume control of Bulawayo's water system. However, UNICEF, relief agencies, and city officials all reiterated that despite these additional factors, WASH activities funded by USAID/OFDA and other donors played a critical role in mitigating the effects of cholera in Bulawayo. The Qcritical role in mitigating the effects of cholera in Bulawayo. The fact that such efforts started as a result of the diarrheal disease outbreak in 2007, a year before the nationwide cholera outbreak, played a key role in helping the city and relief agencies develop cholera preparedness and coordination mechanisms.

LOOKING AHEAD

¶12. UNICEF voiced concerns regarding the potential for a renewed cholera outbreak during the next rainy season, which is likely to start in November or December. Bulawayo's sewage system remains in a state of collapse; of 10 treatment plants, most were operating at less than half capacity as of August 2009, according to UNICEF. In addition, much sewage fails even to reach the treatment plants due to blockages in the system. Since the sewage system is water-based, lack of water results in lack of pressure, leading to solidifying of waste. Bursts throughout the water system result in a water loss of

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at least 30 percent, and the city has stockpiled water treatment chemicals sufficient for only three months in the event that ongoing UNICEF funding for provision of such chemicals comes to an end. However, UNICEF informed USAID/OFDA that efforts are ongoing to gain donor support for continued provision of chemicals, and UNICEF expressed optimism that water treatment needs will continue to be met for the foreseeable future.

¶13. Bulawayo's water and sanitation infrastructure thus remains poorly maintained and in need of large-scale rehabilitation. As the rainy season -- a period when waterborne disease incidence tends to increase -- approaches, relief agencies and city officials alike note that while the underlying risk factors for a renewed cholera outbreak have not changed, given the city's limited resources to rehabilitate aging systems, the levels of awareness and preparation amongst city authorities and humanitarian organizations have increased greatly. As Mayor Moyo states, "prevention is the best cure." Hygiene promotion and awareness-raising, social mobilization, soap and hygiene supply distribution, water tank provision, and other WASH programs funded by USAID/OFDA and other donors helped limit Bulawayo's rate of cholera in 2008/2009. Continued support for the same activities will likely help reduce the risk of cholera transmission in 2009/2010. In FY 2009 to date, USAID/OFDA has committed more than USD 8.5 million for WASH programming throughout Zimbabwe to improve community resilience to cholera and other waterborne diseases and to help mitigate a potential recurrence of cholera. The experience of the residents of Bulawayo bears out the wisdom of community-focused WASH programming as a means to limit the scope of a potentially devastating disease.

PETTERSON